



Honour the memory of Her Majesty Queen Elizabeth II



Government
of Canada

Gouvernement
du Canada

[Canada.ca](#) > [National Defence](#) > [Policies and standards](#) > [DM/CDS Directives](#)

CDS (Chief of the Defence Staff) Directive on CAF (Canadian Armed Forces) COVID- 19 Vaccination

October 2021

On this page

- [References](#)
- [Situation](#)
- [Mission](#)
- [Execution](#)
- [Concept of support](#)
- [Command](#)
- [Distribution List](#)

References

- [Defence Team FAQ \(Frequently asked questions\)s on COVID-19](#)
- [VCDS \(Vice Chief of Defence Staff\) Directive for DND \(Department of National Defence\)/CAF \(Canadian Armed Forces\) COVID-19 Rapid Antigen Detection Test \(RADT\) campaign, 28 May 2021](#)

- C. CDS (Chief of the Defence Staff)/DM (Deputy Minister) Directive – Response to Reviews of Information Operations and Influence Activities, 9 June 2021
- D. CDS/DM Directive on DND/CAF Reopening Strategy (Summer 2021 Posture), 22 June 2021
- E. Government of Canada announcement of intent to require vaccination of the federal workforce, 13 August 2021
- F. Draft PHAC public health rationale for a Federal COVID-19 Vaccination Policy, August 17, 2021
- G. Update on COVID-19 in Canada: Epidemiology and Modelling, 3 September 2021
- H. Framework for Implementation of the Policy on COVID-19 Vaccination for the Core Public Administration Including the Royal Canadian Mounted Police, 6 October, 2021
- I. Statement from the Chief Public Health Officer of Canada, 24 September 2021
- J. DAOD (Defence Administrative Orders and Directives) 5019-4 Remedial Measures
- K. DAOD 1000-8 Policy Framework for Safety and Security Management
- L. DAOD 7000-1 Completion of Affidavits and Statutory Declarations
- M. Canada Labour Code Part II Occupation Health and Safety
- N. Policy on COVID-19 Vaccination for the Core Public Administration Including the Royal Canadian Mounted Police – 6 October, 2021

Situation

1. **Application.** This directive:

- a. Applies to all officers and non-commissioned members of the Canadian Armed Forces (CAF) posted to domestic locations, as well as those on expeditionary operations, exercises, temporary duty, or training outside of Canada. This includes the Regular Force, all Class A, B, and C Reserve Forces, Canadian Rangers, and the Officers of the Cadet Instructors Cadre. Additionally, the CAF COVID-19 Vaccination Policy will be a condition for enrolment into the CAF;
- b. Serves as a requirement for CAF members to perform work-related duties. It does not serve as a condition for entry into a Defence establishment; and
- c. Serves as a guide to the Canadian Forces Morale and Welfare Services (CFMWS) organization.

2. **General.** The fourth wave of COVID-19 is underway in Canada and is being driven by the Delta variant of concern (VOC). Recent modelling at Ref G suggests that due to the higher transmissibility of the Delta VOC and predicted increases in contacts as reopening strategies continue, the fourth wave presents an elevated risk of increased hospitalizations and the potential for healthcare capacity to be exceeded when compared to previous waves of the COVID-19 pandemic in Canada.

3. At Ref E, the Public Health Agency of Canada (PHAC) advised that COVID-19 vaccines are critical to improving the functioning of society and to achieving widespread immunity. This is supported by evidence which indicates that the vaccines are very effective at preventing severe illness, hospitalization, and death from COVID-19, and that the number of outbreaks decreases with increased vaccination coverage in the population. Currently the majority of COVID-19 cases,

hospitalizations, and fatal outcomes in Canada are among those individuals who are unvaccinated, and evidence at [Ref I](#) suggests that the unvaccinated population is up to 38 times more likely to be hospitalized if infected as compared with those who are fully vaccinated.

4. DND/CAF successfully implemented the DND/CAF Layered Risk Mitigation Strategy (LRMS) early on in the COVID-19 pandemic, which has enabled a safe workplace with minimal transmission of the virus. This strategy has relied heavily on PHM (Public Health Measures)s, such as physical distancing, NMM (non-medical mask)s, hand washing, and work from home postures. Once Health Canada (HC) approved four COVID-19 vaccines for use in Canada, vaccination was added to the LRMS and CAF members were encouraged to get vaccinated. It is important to note that vaccination is not a substitute for following recommended PHMs; rather, it adds an additional layer of protection that will work in concert with other PHMs to combat the COVID-19 pandemic.
5. As the CAF has its own healthcare system, it was allotted an allocation of COVID-19 vaccines during Q2 CY 2021 that was sufficient in quantity to vaccinate all individuals entitled to CAF medical care. The CAF COVID-19 Immunization Campaign was then completed during a 60-day surge, which was supported by a strong communication plan that focused on the benefits of COVID-19 vaccines in general, addressed misinformation, and communicated transparently about COVID-19 allocation decisions. The campaign was highly successful and the CAF has now reached the milestone of achieving 91% full vaccination of Regular Forces and eligible Reserve Forces, and a further 2% are partially vaccinated. This uptake rate has provided a great level of force protection to CAF members, enabling the relaxation of PHMs in some

locations, as well as facilitating the commencement of the reconstitution of the CAF. The high vaccination rate also helps protect the entire Defence Team, our families, and our communities.

6. At this time, the broader Canadian population has not yet achieved COVID-19 vaccination uptake rates sufficient for public health protection. A significant number of Canadians have received a first vaccine dose, but fewer are fully vaccinated. At the same time, increasingly transmissible variants of interest (VOI) and VOCs are circulating worldwide and within Canada.
7. Until sufficient widespread immunity is attained in the general Canadian population, the need for PHMs will be ongoing. These measures are needed to protect people who have a reduced immune response to vaccines, those who are unable to be vaccinated, or have been unwilling to be vaccinated. Such considerations have implications for occupational health and safety.
8. The increased transmissibility of the Delta VOC means a higher vaccination coverage target is needed to prevent outbreaks, sustain reopening, and help blunt the impact of the fourth wave on our health care system. As vaccine mandates are coming into effect worldwide, there are strong indications that such mandates may be effective in increasing vaccine coverage rates. Accordingly, on August 13, 2021, the Government of Canada (GC) announced its intent to require vaccination across the federal public service ([Ref E](#)).
9. **GC Policy.** Vaccines are a critical tool to resume societal functioning and achieve widespread immunity in a safe way. As the country's largest employer, the GC is committed to playing a leadership role in the protection of the health and safety of public servants and the communities where they live and work, both domestically and abroad.

For this reason, the GC is requiring COVID-19 vaccination across the federal public service (FPS), including students and contractors and subcontractors working in the federal workplace, as well as employees of separate agencies, Crown corporations, and other employees in the federally regulated sector. As per Ref N, the GC policy does not apply to members of the CAF, however in order to demonstrate leadership to other GC departments and to all Canadians, and continue to protect the Defence Team, the CAF will abide by the general spirit of this policy, while ensuring the CAF is situated to meet operational imperatives.

10. CAF members vaccinated in Canada are considered fully vaccinated 14 days after they have either:
 - a. Received both doses of an HC authorized vaccine that requires two doses to complete the vaccination series. Mixed dose vaccination series are accepted as long as it aligns with NACI Recommendations on the use of COVID-19 vaccines;
 - b. Received one dose of an HC authorized vaccine that only requires one dose to complete the vaccination series; or
 - c. For current residents of Quebec only, has had a laboratory-confirmed COVID-19 infection followed by at least one dose of an HC authorized COVID-19 vaccine.
11. CAF members that have been vaccinated outside of Canada are considered fully vaccinated 14 days after they have either:
 - a. Received one additional dose of an mRNA vaccine at least 28 days after a complete or incomplete course/series of a non-HC authorized vaccine;
 - b. Met the definition for fully vaccinated in the jurisdiction in which they currently reside; or

- c. Received three doses of any COVID-19 vaccine regardless if they are HC authorized vaccines or non-HC authorized vaccines.

12. It is expected that there will be three groups of individuals formed as a result of this policy: fully vaccinated; unable to be vaccinated; and unwilling to be vaccinated. The “unable” group will consist of individuals that cannot be fully vaccinated due to a certified medical contraindication, religious ground, or any other prohibited ground of discrimination as defined in the *Canadian Human Rights Act* (CHRA). The “unwilling” group will consist of individuals refusing to disclose their vaccination status (whether they are fully vaccinated or not) or for which an accommodation for a certified medical contraindication, religious ground, or another prohibited ground of discrimination is not granted and where the employee is still unwilling to be vaccinated.
13. The Framework for Mandatory Vaccination in the Core Public Administration at Ref H sets out the public service approach to human resources matters related to the implementation of the mandatory vaccination requirement announced by the GC. This framework is complemented by the COVID-19 Rapid Testing framework as part of the employer’s approach to ensuring safe workplaces and is driven by workplace health and safety concerns. For those who are unable to be vaccinated, they will be accommodated through reasonable measures to protect broader public health by reducing the risk of transmission of COVID-19, such as alternative work arrangements, testing, and screening. In order to ensure alignment with GC policy, CAF members will be deemed non-compliant with this directive if they are either unwilling to disclose their vaccination status and/or choose to not be fully vaccinated.

14. **Problem Definition.** CAF efforts throughout the COVID-19 pandemic have been focused on the preservation of force health and the operational effectiveness of critical capabilities, as well as preventing the likelihood of transmission to vulnerable groups. The CAF has demonstrated responsible leadership throughout the pandemic by continuing to deliver on its mission while ensuring force protection through the diligent application of PHMs. One of the most important of these PHMs is ensuring maximum workforce protection through COVID-19 vaccination, as it will enable us to be capable of operating in a persistent COVID-19 environment. The CAF will continue to demonstrate leadership by aligning its policies and orders, to the extent possible, with the Treasury Board Secretariat (TBS) policy on COVID-19 vaccination of the federal workforce at [Ref N](#).
15. **Challenges.** The implementation of a CAF COVID-19 Vaccination Directive that aligns to the TBS policy on COVID-19 vaccination for the federal workforce, while also considering CAF operational requirements, will require significant coordination efforts to:
- a. Confirm individuals' vaccination status while protecting their rights under the *Privacy Act*;
 - b. Implement reasonable accommodation measures for those who are unable to be vaccinated; and
 - c. Track, monitor, and report on compliance, for operational as well as future audit purposes.
16. It is expected that a portion of the CAF will be non-compliant (e.g. partially vaccinated, unwilling to disclose their vaccination status, or unvaccinated individuals) under this Directive. Although this group is expected to represent a small percentage of the CAF, there is a requirement to undertake measures to protect the remainder of the

workforce, as we have a general duty to ensure the health and safety of all our members in the workplace.

17. **Assumptions.** The following assumptions are intended to guide planning efforts and are subject to validation as the situation evolves:
- a. The CAF COVID-19 vaccination policy will be a temporary measure. The anticipated initial implementation period is 12 months, with the potential for extension as required. The policy will be terminated once the domestic transmission rate of COVID-19 in Canada no longer poses a risk to the national healthcare system;
 - b. Declining vaccine efficacy may require booster vaccines for those already vaccinated, which subsequently may result in changes to the definition of “fully vaccinated”;
 - c. Having entered a fourth wave of the COVID-19 pandemic in Canada, authorities are less likely to close schools and businesses or impose lockdown measures during this resurgence. Authorities are more likely to rely increasingly on high vaccination rates and the implementation of requirements for proof of vaccination to participate in non-essential activities in order to reduce virus transmission;
 - d. Allies and host nations for CAF operations are increasingly likely to require proof of vaccination for CAF members traveling to or operating within those environments;
 - e. The GC will develop and provide electronic tools (i.e. Government of Canada Vaccine Attestation Tracking System (GC-VATS)) to capture the attestation of vaccination status however this tool may not be accessible to all CAF members; and

- f. The CAF will continue to be called upon to support all echelons of government to respond to natural disasters, national security emergencies, and other operational demands, including support to municipal and Provincial/Territorial (P/T) authorities that may experience overwhelmed hospitals and reduced operational capacity during a fourth (or future) wave of the COVID-19 pandemic.

18. Limitations

a. Constraints

1. Effective communication with CAF members will be undertaken to establish an understanding of the rationale behind and the implementation process of the CAF COVID-19 Vaccination Directive;
2. The definition of “fully vaccinated” will remain aligned with HC/PHAC requirements, such as those specified for the purpose of inbound international travelers;
3. Clear instruction will be provided to CAF members regarding preventive measures in place when accommodation or alternative measures are required to work on site, travel, and conduct other activities;
4. Supervisors will be responsible to ensure individuals attest to their COVID-19 vaccination status;
5. GC-VATS may be compatible for use by DND employees, but will not be available to all CAF members. The existing Military Command Software – Monitor Military Administrative Support System (MCS – Monitor MASS) will be leveraged to facilitate tracking of attestations for CAF members;

6. When supervisors receive information about the COVID-19 vaccination status of individuals, the necessary precautions must be taken to protect the privacy of CAF members through strict adherence to the provisions of the Privacy Act. When there is a need to balance the right to privacy versus the need to protect the broader force, this will be done in consultation with the local legal advisor and Senior Medical Advisors (SMA), in order to reduce the risk of asymmetrical implementation at the local level;
7. CAF members participating in any form of training in advance of achieving the operationally functional point (OFP) are deemed essential to the reconstitution of the CAF. If they have not provided attestation of being fully vaccinated, these members will be subject to alternative measures such as COVID-19 testing and/or accommodated if they are unable to be vaccinated;
8. There will be no change to the posture or requirements for CAF members already deployed on operations when this directive comes into force, as they are deemed operationally essential. These members will attempt to comply with the CAF COVID-19 Vaccination Directive and, where not possible, testing will be used as a mitigation or accommodation measure;
9. CAF members posted to OUTCAN locations will continue to abide with host nation regulations and restrictions and make every effort to comply with the CAF COVID-19 Vaccination Directive. Those posted to missions where Global Affairs

Canada (GAC) is the lead department, will abide by directives issued by GAC or the head of mission;

10. Contractors and individuals employed by other organizations working alongside Defence Team members will also be subject to the federal COVID-19 vaccination policy. Their employers will implement this policy as directed through GC contract language. Contractor attestations of fully vaccinated status will be collected and confirmation provided to the DND/CAF by the contracted company. Contractors who are non-compliant with this policy may have their contracts terminated;
11. CFMWS, as a separate agency, will implement its own COVID-19 vaccination policy applicable to Staff of the Non-Public Funds (SNPF) organization reflective of the CAF COVID-19 Vaccination Directive. SNPF being deployed in support of CAF expeditionary operations will be subject to the proof of vaccination requirements of those operations. CFMWS will also be responsible to determine rapid testing requirements for SNPF in accordance with this policy;
12. The continued need for the voluntary DND/CAF COVID-19 RADT Program ([ref B](#)) may need to be assessed owing to the anticipated mandatory testing program that will follow with the implementation of this directive;
13. Any vaccination documentation issued by a healthcare provider outside of Canadian Forces Health Services (CFHS) and submitted by individuals eligible for CAF health care for entry into the CF Health Information System (CFHIS), will be validated as having been issued by an authorized healthcare provider and verified to ensure it meets the information

14. As part of the Defence Team, the CAF will continue to reinforce whole of government (WoG) partners with planning and liaison as needed;
15. CAF members will maintain a respectful, productive, inclusive, and equitable work environment. Harassment or other prohibited conduct directed toward an individual for any reason, including based on their vaccination status, will not be tolerated; and
16. CFHS will continue to be challenged to support requests for assistance (RFAs) related to P/T healthcare systems and continue to deliver consistent healthcare to the CAF, while undertaking required regeneration efforts to remediate the impacts from earlier waves of the pandemic. CAF health human resource (HHR) capacity must be safeguarded to ensure CAF health services remain available to support institutional and operational missions.

b. Restraints

1. The criteria by which individuals will be deemed as unable to be vaccinated and thus exempted from COVID-19 vaccination (for a certified medical reason or that of a ground protected under the CHRA), will be established by TBS. The CAF shall not establish its own set of criteria for this purpose;
2. Evidence of past infection with the SARS-CoV-2 virus (e.g. positive COVID-19 test results and/or evidence of antibodies to the virus) by itself will not be accepted in lieu of an attestation of being fully vaccinated against COVID-19 as defined by HC/PHAC;

3. This Directive will not apply to members of the public for the purpose of granting access to Defence establishments;
4. As per Ref C, no Information Operation activities will be executed/authorized under or in support of the CAF COVID-19 Vaccination Directive;
5. CFHS will not provide COVID-19 testing as a screening and surveillance measure, but will continue the operational testing program; and
6. CAF members working from home (remote working) will not be exempt from the requirements of the CAF COVID-19 Vaccination Directive.

Mission

19. In accordance with GC direction, the CAF will implement this COVID-19 Vaccination Directive, in order to protect members of CAF and the Defence Team, and to demonstrate responsible leadership to Canada and Canadians through the Defence Team's response to the pandemic, starting on 8 October, 2021 with an attestation period ending on 29 October, 2021 and implementation of the mitigation measures starting on 15 November, 2021.

Execution

20. Concept of Operations

- a. **CDS Intent.** To introduce COVID-19 vaccination as a requirement for CAF members to perform work-related duties in order to ensure the health and safety of the Defence Team and to increase the force health protection of the CAF.

b. Guiding Principles

1. The CAF has a duty to mitigate the risk to CAF members who are unable to be vaccinated;
2. Accommodation measures for those individuals who are unable to be vaccinated should not be punitive in nature and should be provided up to the point of undue hardship to the organization. Such measures could include but are not limited to the following:
 - a. A remote work/telework arrangement (such as under the Directive on Telework), if operationally feasible;
 - b. Testing if access to the workplace is required; and
 - c. An alternative workplace or work schedule, among others.
3. Those individuals who are unable to be vaccinated will provide one of three items:
 - a. Forms completed by their personal healthcare providers indicating their certified medical contraindication or disability rendering them unable to be fully vaccinated;
 - b. A sworn attestation containing information about the religious belief that prohibits full vaccination; or
 - c. Attestation of the specific information about how the grounds of discrimination under the CHRA renders them unable to be fully vaccinated.
4. CAF members will provide confirmation of vaccination status through a one-time attestation process using MCS – Monitor MASS. If vaccination status changes (e.g. unvaccinated to vaccinated), a re-attestation will be required;

5. CAF members who do not have access to MCS – Monitor MASS, will provide to their supervisor written and signed attestation in paper format in accordance with Ref L, which the supervisor will then ensure is properly entered into the appropriate attestation tracking system;
6. Attestation is a declaration of vaccination status and does not require CAF members to produce proof of vaccination; and
7. CAF members employed under remote work/telework arrangements will be equally subject to the conditions of this policy as those who are required to report to the workplace.

c. Scheme of Manoeuvre

1. Phase 1 – Attestation Period (8-29 October, 2021)

- a. Upon the coming into force of this Directive, all CAF members will be required to provide attestation of their COVID-19 vaccination status;
- b. Individuals requiring accommodation under this Directive must make their request at the earliest possible opportunity. This will permit supervisors of those individuals the ability to determine and implement appropriate accommodation measures;
- c. Supervisors will provide temporary mitigation measures for the member while gathering relevant information on both the validity of the accommodation requirement and the appropriate measures;
- d. The attestation period for individuals to comply with the requirement to provide attestation of full vaccination status will end on 29 October, 2021; and

- e. All CAF members, irrespective of their vaccination status, will be permitted to continue accessing the workplace, without additional conditions, until the end of the attestation period.

2. Phase 2 – Post-Attestation Period (29 October to 14 November, 2021)

- a. CAF members who are non-compliant with this Directive due to being unwilling to disclose their vaccination status and/or who attest to not be fully vaccinated will be directed to attend a virtual educational seminar provided by healthcare workers on the benefits of COVID-19 vaccinations;
- b. Supervisors will remind members of the consequences of not attesting their vaccination status, not requesting accommodation if unable to do so, or of not being fully vaccinated; and
- c. All CAF members, irrespective of their vaccination status, will be permitted to continue accessing the workplace, without additional conditions, until the end of phase 2.

3. Phase 3 - Post-Compliance Period (15 November, 2021 and onwards)

- a. CAF members, whether they telework or not, are expected to be compliant with this Directive by having attested to their fully vaccinated status, or attested to being unable to be vaccinated and having provided acceptable substantiation;

- b. Accommodation measures for those unable to be vaccinated will be in place by 15 November, 2021 and will continue for the duration of this Directive, unless they are required to be revised based on new information presented;
- c. Testing will commence in this phase, which will consist of self-testing twice a week, to be completed by affected individuals (primarily those unable to be vaccinated who are required to access the workplace);
- d. CAF members who are already on leave without pay (LWOP), maternity/paternity leave, sick leave, etc. will complete their attestation within 2 weeks following their return from leave;
- e. CAF members who become partially vaccinated (single dose) will update their vaccination attestation in MCS – Monitor MASS and will have 10 weeks to receive their second dose in order to comply with this Directive;
- f. CAF members unwilling to comply with this Directive may be subject to remedial or alternative administrative measures;
- g. A CAF member's unvaccinated status may have additional consequential career implications, including loss of opportunities contributing to promotion, which are outside of CAF control. Examples may include the inability to attend career courses, deployments, domestic and international exercises and OUTCAN postings owing to domestic and international travel restrictions and other nations' entry requirements; and

- h. In future, additional measures for non-compliance with this Directive, such as members being placed on leave without pay may be implemented.

21. Tasks

a. Common to all L1/FGs

1. Continue to encourage and enable CAF members to obtain the COVID-19 vaccine if they are able. Maximum uptake of COVID-19 vaccines is essential to protect DND employees and CAF members, as well as members of the public they may be called upon to serve;
2. Review and ensure managerial reporting relationships are correct in MCS – Monitor MASS systems;
3. Ensure CAF members are made aware that any proof of vaccination documentation originating outside the CFHS that is provided for entry into the CFHIS will be validated as having been issued by an authorized healthcare provider and verified to ensure it meets the information requirements needed;
4. With respect to CAF members who are unable to be vaccinated, ensure that they are informed of:
 - a. Their right to accommodation under the CHRA;
 - b. Any mandatory procedures to be followed when seeking an accommodation; and
 - c. The CAF's approach to accommodation and privacy obligations to reassure members that the workplace will be safe.

5. Ensure that supervisors are informed about their responsibilities and obligations with regard to:
 - a. Addressing accommodation needs on a case-by case basis for persons who are unable to be fully vaccinated based on a certified medical contraindication, religious grounds, or other prohibited grounds of discrimination as defined under the CHRA; and
 - b. The relevant confidentiality and privacy considerations.
6. With respect to individuals who are unwilling to be vaccinated or unwilling to confirm their vaccination status:
 - a. Ensure they are advised of the details of this Directive, the expectations set out for CAF members, and the consequences of non-compliance as detailed in paras 20.c.(3)(f-h); and
 - b. Identify non-compliant individuals with highly specialized skills who are fulfilling critical and essential operationally required roles, as approved by the A/CDS, that cannot be fulfilled by others, and determine appropriate alternative measures that must be implemented to protect the remainder of the workforce.
7. Monitor and report on any potential impacts on the CAF's ability to continue to deliver on its mission or critical capabilities due to implementation of administrative measures for individuals refusing to comply with this policy;
8. Determine number of testing kits required, order kits via the CAF Depots or directly via the Public Services and Procurement Canada (PSPC) portal, and distribute to affected units/users.

Coordinate testing requirements with VCDS Group as needed;
and

9. Document and monitor testing of CAF members in order to provide statistics on testing requirements.

b. VCDS (Vice Chief of the Defence Staff)

1. As the DND/CAF Occupational Health and Safety (OHS) functional authority, continue to provide updates regarding COVID-19 specific PHMs, personal protective equipment (PPE), NMM, and rapid testing guidance to the Defence Team as needed in coordination with the CAF Surgeon General;
2. Continue to lead consultation with the National Health and Safety Policy Committee (NHSPC);
3. Liaise with the HC COVID-19 Testing Secretariat to ensure the CAF application of rapid testing is consistent in approach to the application of rapid testing across the GC, and to communicate rapid testing requirements in support of this policy that are beyond the capacity of internal DND/CAF resources. This is to include the provision of self-test kits as required;
4. Be prepared to (BPT) expand (or modify the scope) and leverage the existing RADT program in coordination with HC rapid testing options in order to accommodate additional screening and surveillance requirements. Alternatively, the RADT program may need to be replaced by a new mandatory program;
5. In consultation with Regional Authorities (RA) and SMA, ensure application of this policy to the CAF OUTCAN

population; and

6. Obtain and disseminate GC and TBS direction on implementation of the GC policy on vaccination for the federal workforce.

c. **SJS (Strategic Joint Staff)**

1. Continue to remain engaged at the federal echelon with WoG stakeholders to ensure GC and DND/CAF planning and implementation of this policy remains aligned, equitable, responsive, and communicated to all L1s through the Standing Strategic Operations Planning Group (SOPG) on COVID-19;
2. BPT produce reports on the status of attestations for CAF members; and
3. Coordinate the synchronization and harmonization of administrative measures resulting from this policy as they are implemented by L1s.

- d. **ADM(HR-Civ) (Assistant Deputy Minister (Human Resources – Civilian))**. As part of the GC Vaccination Policy implementation task force, is requested to identify and assess the impact on CAF readiness and support to operations, due to shortages of workforce because of DND employees being placed on LWOP.

e. **MPC (Military Personnel Command)**

1. Provide ongoing advice and guidance to L1s to help them understand and implement consistently across the CAF member population the requirements of this Directive including obtaining attestation of vaccination status, providing accommodation, and taking administrative

measures, if appropriate, including remedial measures in accordance with ref J;

2. Develop and be prepared to deliver a virtual educational seminar on the benefits of COVID-19 vaccinations CAF members who are unwilling to disclose their vaccination status or who choose to not be fully vaccinated;
 3. Provide medical advice;
 4. Provide clear direction on the information required by CAF personnel related to vaccination documentation issued outside of CFHS; and
 5. Provide clear direction on medical exemption processes that is consistent with PHAC.
- f. **CA.** Develop a solution within the existing MCS – Monitor MASS system to track and provide reports on vaccination attestation status for CAF members.
- g. **ADM(DIA) (Assistant Deputy Minister (Data, Innovation, Analytics))**. Is requested to maintain and enforce data governance associated with the monitoring and reporting of workforce capacity elements on the civilian workforce, including appropriate privacy and security controls.
- h. **ADM(Fin)/CFO (Assistant Deputy Minister (Finance) and Chief Financial Officer)**. Is requested capture and analyze the costs associated with activities undertaken in support of the CAF COVID-19 vaccination policy implementation to include costs related to CAF rapid testing activities.
- i. **ADM(IM) (Assistant Deputy Minister (Information Management))**. Is requested to coordinate with CA to ensure MCS

– Monitor MASS functionality.

j. **ADM(PA) (Assistant Deputy Minister (Public Affairs))**

1. Is requested to provide strategic level communication guidance, messaging and coordination consistent with GC direction to support internal Defence Team communication; and
2. Is requested to continue to work with L1s, including ADM(HR-Civ) and MPC, to lead a Defence Team engagement communications plan and supporting products. These products shall address the implementation of the CAF COVID-19 Vaccination Directive and provide resources available CAF members within an evergreen repository of Frequently Asked Questions (FAQs at Ref A) derived from the Ask Anything COVID-19 inbox; the answers for which will be coordinated through functional authorities. Communications plans and products will be shared with L1 organizations for dissemination and promotion through their respective networks and communications channels.

22. **Coordinating Instructions**

- a. **Defence Team Workplace Scalable Posture.** There is no change to the direction provided in Ref D, Annex C. While COVID-19 vaccines are highly effective in preventing COVID-19 related hospitalization and death, vaccine effectiveness is lower against symptomatic disease/asymptomatic infection than against severe outcomes. PHMs will continue to be required at various levels dependent on several factors, including regional point prevalence of the disease.

b. Commanders' Critical Information Requirements (CCIRs) and Priority Intelligence Requirements (PIRs)

1. Incidents of individuals filling critical operational roles and refusing to comply with this Directive; and
2. Potential impacts on the CAF's ability to continue to deliver on its mission or critical capabilities/services due to implementation of administrative measures for individuals refusing to comply with this Directive.

c. **RADT Testing Program.** The DND/CAF rapid testing program may need to be adapted to support accommodation of individuals who are unable to be vaccinated but are required to be in the workplace. Alternatively, the RADT program may need to be replaced by a new mandatory program. No CFHS HHR will be used.

d. **PA Posture.** The public affairs approach is active and closely coordinated with the GC and L1s in support of GC priorities.

e. Key dates and timings

1. 23 September 2021: with the federal election concluded, the new GC received briefings on the federal vaccination policy and provide initial indicators of implementation intent;
2. 8 October, 2021: following the issuance of the GC policy on 6 October, 2021, the CAF COVID-19 vaccination policy will come into effect with an attestation period ending on 29 October, 2021;
3. 29 October, 2021: supervisors commence discussions on accommodation measures for those individuals who are unable to be vaccinated and have requested accommodation and implement these measures; and

4. 15 November, 2021: Post Compliance Phase begins. CAF members shall be in full compliance with this Directive.

Concept of support

23. **Finance.** L1s are to fund and capture all expenditures associated with this directive using internal financial coding and funding. L1s are to create their own Internal Orders (IOs) and charge all expenditures to this IO. All IOs are to be linked to the IO Group GEN039.20 for local fund expenses related to COVID-19. Any pressures are to be reported through the regular reporting process.

Command

24. **Office of Primary Interest (OPI).** VCDS.
25. **Office of Collateral Interest (OCI).** DOS SJS.
26. **Points of Contact (POCs)**
 - a. BGen Erick Simoneau, SJS Director General Plans, 613-904-5231;
 - b. Col Richard Jolette, SJS Director Plans North America, 613- 901-9281;
 - c. Col Colleen Forestier, CMP Director Health Services Operations, 613-901-9889;
 - d. LCol Krystle Connerty, SJS Section Head NORAD and SAR, 613-901-8069;
 - e. Chris Charron, SJS Section Head Emergency Management, 613-905-5824; and
 - f. Chantal Cloutier, SJS Strategic Advisor, 613-904-6104.

Distribution List

Action

VCDS (Vice Chief of the Defence Staff)
SJS (Strategic Joint Staff) DOS
Comd (Commander) RCN (Royal Canadian Navy)
Comd CA
Comd RCAF (Royal Canadian Air Force)
Comd MILPERSCOM (Military Personnel Command)
Comd CJOCC (Canadian Joint Operations Command)
Comd CANSOFCOM (Canadian Special Operations Forces Command)
Comd CANELMNORAD
DComd JFC Naples
Comd CFINTCOM (Canadian Forces Intelligence Command)
JAG (Judge Advocate General)
ADM(Pol) (Assistant Deputy Minister (Policy))
ADM(Mat) (Assistant Deputy Minister (Materiel))
ADM(IM)
ADM(IE) (Assistant Deputy Minister (Infrastructure & Environment))
ADM(Fin)/CFO (Assistant Deputy Minister (Finance) and Chief Financial Officer)
ADM(HR-Civ)
ADM(RS) (Assistant Deputy Minister (Review Services))
ADM(DRDC) (Assistant Deputy Minister (Defence Research and Development Canada))
ADM(DIA) (Assistant Deputy Minister (Data, Innovation, Analytics))

ADM(PA) (Assistant Deputy Minister (Public Affairs))

DND/CFLA (Legal Services Advisor)

Corp Sec (Corporate Secretary)

ED NSIROCS (National Security and Intelligence Review and Oversight
Coordination Secretariat)

Information

MND (Minister of National Defence)

Assoc MND

Senior Assoc DM

CDR NORAD

Date modified:

2021-10-12